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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Barnes et al.	Art Unit	3612
Serial No.	:	09/992,958	Examiner	Rossi
Filed	:	November 26, 2001	Docket No.	11702/54246
Customer No.	:	26869		
Title	:	IDENTIFICATION INFORMATION AND MAINTENANCE SLEEVE FOR RECOVERY AND STORAGE VESSELS		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REPLY UNDER 37 CFR § 1.111

Dear Sir:

In response to the Office Action dated August 13, 2003, please amend the application as follows and consider the included remarks.

Amendments to the Claims are reflected in the listing of claims that begin on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

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PTO/SB/21 (08-03)

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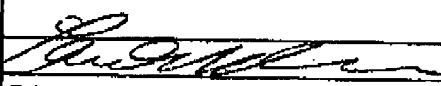
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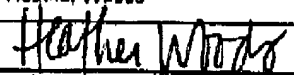
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/092,958	
	Filing Date	Nov 26, 2001	
	First Named Inventor	Jeffrey Todd Streselman	
	Art Unit	1733	
	Examiner Name	J. Ross	
Total Number of Pages in This Submission	11	Attorney Docket Number	11702/54248NP

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul Remus
Signature	
Date	February 13, 2004

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